## BEST AVAILABLE COPY

## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

AFTER

( AMENDMENT

**AS FILED** 

PTO-1360 (REV. 1104)

SET 10°/550464

FILING DATE APPLICANT(S) **CLAIMS** AFTER AFTER AS FILED AFTER 3 MAMENDMENT ( AMENDMENT 1 MAMENDMENT IND. DEP. IND. DEP. IND. DEP. .70 

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